RSN/ Tribal Collaboration Planning Checklist

This checklist is provided to assist the assigned employees in key identified positions in developing the RSN/Tribal Collaboration Plan. This exercise can help identify areas that need to be improved upon.

☐ 1. Have you scheduled regular meetings with the Tribes to discuss the Collaboration Plan and/or Progress Report? When and how often do you meet?

☐ 2. Have your RSN administration staff, Contractors, i.e. CMHA administrators, supervisors, or their program staff met with the Tribes in your area and identified issues that need to be addressed? What were the topics of the issues? What were the agreeable solutions? Has your RSN identified for the tribes one or two contact people with the RSN?

☐ 3. Have your RSN administration and contracted providers included Tribal contacts in your information sharing, problem-solving and planning activities? Who are your contacts at the Tribe for consultation? For service delivery?

☐ 4. Have you notified Tribes of funding opportunities, available grants, or training opportunities, including from the RSN and/or your contracted providers? What were they?

☐ 5. Do you have any special/pilot projects that include tribal participation or need to have tribal participation? What are they?

☐ 6. Are your employees, RSN administration and contracted providers, trained to address culturally sensitive issues, have access to culturally relevant resources, or tribal contacts?

☐ 7. Is your RSN able to respond to current needs of the tribes? How? If not, have services gaps been identified and discussed?

☐ 8. Did your RSN and contracted providers participate in 7.01/Indian law/tribal relations training? What staff? What kind of training was provided?

☐ 9. Did your RSN or contracted providers provide training to the Tribes? What tribes? What kind of training was provided?

☐ 10. Do you have current working agreements with the Tribes? What are they? Are they current?

☐ 11. Do you contract directly with the Tribes? What are these contracts? Include amounts, brief description, and contract dates.

☐ 12. Do you have a plan for recruiting Native American providers, contractors, or employees?

☐ 13. Did you inform and seek input from MHD when developing policies and procedures that will have a unique effect on Tribes?

☐ 14. Do you have issues or concerns that require assistance from the Mental Health Division's Tribal Liaison or staff? Have you discussed these issues with MHD staff?

☐ 15. Has any tribe asked to be a member on your Governing Board? Advisory Board? Is any tribe currently serving on your Governing Board? Advisory Board?

State Funded Mental Health Model Agreement for the Request for Qualifications
Exhibit B

RSN/ Tribal Collaboration Plan Matrix

_____RSN / _____ Tribe[s] Collaboration Plan

Plan Due Date: To MHD by December 1st of each odd numbered year   **Progress Report Due Date**: To MHD by December 1st of each even numbered year.

Plan Submission Date:_____   **Progress Report Submission Date:** _____

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Dec 1
1. Have you scheduled regular meetings with the Tribes to discuss the Collaboration Plan and/or Progress Report? When and how often do you meet?				
2. Have your RSN administration staff, Contractors, i.e. CMHA administrators, supervisors, or their program staff met with the Tribes in your area and identified issues that need to be addressed? What were the topics of the issues? What were the agreeable solutions? Has your RSN identified for the Tribes one or two contact people with the RSN?				
3. Have your RSN administration and contracted providers included Tribal contacts in your information sharing, problem-solving and planning activities? Who are your contacts at the Tribe for consultation? For service delivery?				

Exhibit B

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Dec 1
4. Have you notified Tribes of funding opportunities, available grants, or training opportunities, including from the RSN and/or your contracted providers? What were they?				
5. Do you have any special/pilot projects that include tribal participation or need to have tribal participation? What are they?				
6. Are your employees, RSN administration and contracted providers, trained to address culturally sensitive issues, have access to culturally relevant resources, or tribal contacts?				
7. Is your RSN able to respond to current needs of the tribes? How? If not, have services gaps been identified and discussed?				
8. Did your RSN and contracted providers participate in 7.01/Indian law/tribal relations training? What staff? What kind of training was provided?				
9. Did your RSN or contracted providers provide training to the Tribes? What tribes? What kind of training was provided?				
10. Do you have current working agreements with the Tribes? What are they? Are they current?				
11. Do you contract directly with the Tribes? What are these contracts? Include amounts, brief description, and contract dates.				

_____**RSN/Tribal Collaboration Plan** _____Date

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Dec 1
12. Do you have a plan for recruiting Native American providers, contractors, or employees?				
13. Did you inform and seek input from MHD when developing policies and procedures that will have a unique effect on Tribes?				
14. Do you have issues or concerns that require assistance from the Mental Health Division's Tribal Liaison or staff? Have you discussed these issues with MHD staff?				
15. Has any tribe asked to be a member on your Governing Board? Advisory Board? Is any tribe currently serving on your Governing Board? Advisory Board?				

Identification of Issues that require assistance of Mental Health Division Staff:

Issue	Activities/Assistance needed	Assigned MHD Lead	RSN Lead Staff	Resolution activity	Status Update
		Date Assigned	Date Assigned		